

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |  |   |
|--|---|--|---|
| The C/OH Instruction Guide explains how to complete this form. |   | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed: <span style="font-size: 1.5em; margin-left: 20px;">16</span> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                         | MS / MRS / MR: _____ FIRST: Alan<br>NICKNAME: _____ LAST: Pease<br>MI: C SUFFIX: _____  | <b>OFFICE USE ONLY</b>   |   |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>              | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>PO Box 685067 Austin TX 78768-5067  | Date Received<br><br><br><br><br><br><br><br><br><br><b>OCC RECEIVED AT<br/>OCT 9 '18 PM 1:40</b>  |   |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                        | AREA CODE: (512) PHONE NUMBER: 413-8195 EXTENSION: _____  | Date Hand-delivered or Date Postmarked   |   |
| <b>6 CAMPAIGN TREASURER NAME</b>                               | MS / MRS / MR: _____ FIRST: Amy<br>NICKNAME: _____ LAST: Talaber<br>MI: J SUFFIX: _____   | Receipt #  | Amount \$   |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>128 Lakeway Dr Lakeway TX 78734  |  |   |
| <b>8 CAMPAIGN TREASURER PHONE</b>                              | AREA CODE: (512) PHONE NUMBER: 217-4264 EXTENSION: _____  |  |   |
| <b>9 REPORT TYPE</b>   | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |   |
| <b>10 PERIOD COVERED</b>                                       | Month Day Year     THROUGH     Month Day Year<br>08 / 20 / 2018     THROUGH     09 / 27 / 2018  |  |   |
| <b>11 ELECTION</b>   | ELECTION DATE<br>Month Day Year<br>11 / 06 / 2018   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |   |
| <b>12 OFFICE</b>   | OFFICE HELD (if any)  | <b>13 OFFICE SOUGHT (if known)</b><br><br>Mayor  |   |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Alan Pease 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

|                         |   |         |
|-------------------------|---|---------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 0.00 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0.00 |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0.00 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0.00 |

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15/Election Code.

Alan Pease  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alan Pease, this the 9th day of October, 2018, to certify which, witness my hand and seal of office.

Thomas A. Grauzer      Thomas A. Grauzer      notary public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>Alan Pease</i>        |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0.00                                |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0.00                                |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0.00                                |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ 0.00                                |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0.00                                |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0.00                                |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0.00                                |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0.00                                |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0.00                                |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0.00                                |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0.00                                |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00                                |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Alan Pease

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|   |   |  |                                    |
|---|---|--|------------------------------------|
| The Instruction Guide explains how to complete this form.                       |   | 1 Total pages Schedule A2: <u>1</u>                          |                                    |
| 2 FILER NAME<br><u>Alan Pease</u>   |   | 3 Filer ID (Ethics Commission Filers)                        |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                           |   | \$ <u>0.00</u>   |                                    |
| 5 Date  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>7 Contributor address; City; State; Zip Code | 8 Amount of Contribution \$                                  | 9 In-kind contribution description |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |  |                                    |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)       |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)            |                                    |
| 12 Contributor's principal occupation (FOR JUDICIAL)                            |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |                                    |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                               |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |                                    |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)     |   |  |                                    |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code     | Amount of Contribution \$                                    | In-kind contribution description   |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |  |                                    |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)          |   | Employer (FOR NON-JUDICIAL) (See Instructions)               |                                    |
| Contributor's principal occupation (FOR JUDICIAL)                               |   | Contributor's job title (FOR JUDICIAL) (See Instructions)    |                                    |
| Contributor's employer/law firm (FOR JUDICIAL)                                  |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)     |                                    |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)        |   |  |                                    |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

|   |   |                                       |                                    |
|---|---|---------------------------------------|------------------------------------|
| The Instruction Guide explains how to complete this form.                       |   | 1 Total pages Schedule B: <u>1</u>    |                                    |
| 2 FILER NAME<br><u>Alan Pease</u>   |   | 3 Filer ID (Ethics Commission Filers) |                                    |
| 4 TOTAL OF UNITEMIZED PLEDGES   |   | \$ <u>0.00</u>                        |                                    |
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>7 Pledgor address; City; State; Zip Code | 8 Amount of Pledge \$                 | 9 In-kind contribution description |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |                                       |                                    |

|  |                                |
|--|--------------------------------|
| 10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instructions) |
|--|--------------------------------|

|   |   |                     |                                  |
|---|---|---------------------|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Pledgor address; City; State; Zip Code | Amount of Pledge \$ | In-kind contribution description |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |                     |                                  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|   |   |                     |                                  |
|---|---|---------------------|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Pledgor address; City; State; Zip Code | Amount of Pledge \$ | In-kind contribution description |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |                     |                                  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|   |   |                     |                                  |
|---|---|---------------------|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Pledgor address; City; State; Zip Code | Amount of Pledge \$ | In-kind contribution description |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |                     |                                  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|  |  |
|--|--|
|  |  |
|--|--|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.               |  | 1 Total pages Schedule E: <b>1</b>  |
| 2 FILER NAME<br><b>Alan Pease</b>                                       |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$ <b>0.00</b>  |
| 5 Date of loan  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | 9 Loan Amount (\$)  |
| 6 Is lender a financial Institution?<br><br>Y N                         | 8 Lender address; City; State; Zip Code                                  | 10 Interest rate  |
|   |  | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions):                 |  | 13 Employer (See Instructions)  |
| 14 Description of Collateral<br><input type="checkbox"/> none           |  | 15 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor   | 19 Amount Guaranteed (\$)   |
|   | 18 Guarantor address; City; State; Zip Code                              |   |
| 20 Principal Occupation (See Instructions)                              |  | 21 Employer (See Instructions)  |
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )   | Loan Amount (\$)  |
| Is lender a financial Institution?<br><br>Y N                           | Lender address; City; State; Zip Code                                    | Interest rate   |
|   |  | Maturity date   |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)   |
| Description of Collateral<br><input type="checkbox"/> none              |  | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/>    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable    | Name of guarantor  | Amount Guaranteed (\$)  |
|   | Guarantor address; City; State; Zip Code                                 |   |
| Principal Occupation (See Instructions)                                 |  | Employer (See Instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

**The Instruction Guide explains how to complete this form.**

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br><p style="text-align: center;">1</p> | <b>2</b> FILER NAME<br><p style="text-align: center; font-size: 1.2em;">Alan Pease</p> | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|--|--|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>6</b> Amount (\$) | <b>7</b> Payee address; City; State; Zip Code |
|----------------------|---|

|   |   |  |
|---|---|--|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a) Category</b> (See Categories listed at the top of this schedule) | <b>(b) Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---|---|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>Category</b> (See Categories listed at the top of this schedule) | <b>Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>Category</b> (See Categories listed at the top of this schedule) | <b>Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |                                   |  |
|--|-----------------------------------|--|
| <b>1</b> Total pages Schedule F2:<br>1 | <b>2</b> FILER NAME<br>Alan Pease | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|-----------------------------------|--|

|  |         |
|--|---------|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
|--|---------|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                              |   |
|------------------------------|---|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|---|

|                                  |   |  |
|----------------------------------|---|--|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|----------------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                     |   |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|  |
|--|
|  |
|--|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: 1

2 FILER NAME

Alan Pease

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |                                   |  |
|--|-----------------------------------|--|
| <b>1</b> Total pages Schedule F4:<br>1 | <b>2</b> FILER NAME<br>Alan Pease | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|-----------------------------------|--|

|  |         |
|--|---------|
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 0.00 |
|--|---------|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                              |                                    |  |
|------------------------------|------------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|------------------------------------|--|

|                                  |   |  |
|----------------------------------|---|--|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description   |
|                                  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>11</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                     |                                    |  |
|---------------------|------------------------------------|--|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|---------------------|------------------------------------|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description  |
|                        |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|  |
|--|
|  |
|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|                                       |                                   |  |
|---------------------------------------|-----------------------------------|--|
| <b>1</b> Total pages Schedule G:<br>1 | <b>2</b> FILER NAME<br>Alan Pease | <b>3</b> Filer ID (Ethics Commission Filers) |
|---------------------------------------|-----------------------------------|--|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code |
|--|---|

|   |  |   |
|---|--|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

# SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |                               |               |
|---|---|--|-------------------------------|---------------|
| <b>1</b> Total pages Schedule H:<br><br>1                           | <b>2</b> FILER NAME<br><br>Alan Pease   | <b>3</b> Filer ID (Ethics Commission Filers)   |                               |               |
| <b>4</b> Date   | <b>5</b> Business name  |  |                               |               |
| <b>6</b> Amount (\$)  | <b>7</b> Business address; City; State; Zip Code  |  |                               |               |
| <b>8</b><br><br><b>PURPOSE OF EXPENDITURE</b>                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                               |               |
|   | <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                                       | Office sought   | Office held  |                               |               |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |                               |               |
| Date  | Business name   |  |                               |               |
| Amount (\$)   | Business address; City; State; Zip Code   |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                               |               |
|   | <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                                       | Office sought   | Office held  |                               |               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |                               |               |
| Date  | Business name   |  |                               |               |
| Amount (\$)   | Business address; City; State; Zip Code   |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                               |               |
|   | <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                                       | Office sought   | Office held  |                               |               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |                               |               |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule I:<br><br>1 | <b>2</b> FILER NAME<br><br>Alan Pease   | <b>3</b> Filer ID (Ethics Commission Filers)                                      |
| <b>4</b> Date                             | <b>5</b> Payee name   |   |
| <b>6</b> Amount (\$)                      | <b>7</b> Payee address; City; State; Zip Code                                 |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See instructions for examples of acceptable categories.) | <b>(b)</b> Description (See instructions regarding type of information required.) |
| Date                                      | Payee name  |   |
| Amount (\$)                               | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |
| Date                                      | Payee name  |   |
| Amount (\$)                               | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |
| Date                                      | Payee name  |   |
| Amount (\$)                               | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

|   |                                    |
|---|------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule K: <u>1</u> |
|---|------------------------------------|

|                                |                                       |
|--------------------------------|---------------------------------------|
| 2 FILER NAME <u>Alan Pease</u> | 3 Filer ID (Ethics Commission Filers) |
|--------------------------------|---------------------------------------|

|        |   |               |
|--------|---|---------------|
| 4 Date | 5 Name of person from whom amount is received   | 8 Amount (\$) |
|        | .....<br>6 Address of person from whom amount is received; City; State; Zip Code                                  |               |
|        | 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |               |

|      |   |             |
|------|---|-------------|
| Date | Name of person from whom amount is received   | Amount (\$) |
|      | .....<br>Address of person from whom amount is received; City; State; Zip Code                                  |             |
|      | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |             |

|      |   |             |
|------|---|-------------|
| Date | Name of person from whom amount is received   | Amount (\$) |
|      | .....<br>Address of person from whom amount is received; City; State; Zip Code                                  |             |
|      | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |             |

|      |   |             |
|------|---|-------------|
| Date | Name of person from whom amount is received   | Amount (\$) |
|      | .....<br>Address of person from whom amount is received; City; State; Zip Code                                  |             |
|      | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |             |

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME Alan Pease

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC     Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC     Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC     Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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